

# MODEL RELEASE FORM MINOR

I (the Parent/Legal Guardian) explicitly grant to the photographer (the Photographer) and to his/her assignees and licensees the absolute right and permission to use, publish or sell the photograph(s) referred to below, in which my child/ward ( the Model) is included, in any medium, throughout the world, without any restriction whatsoever as to the nature of the use or publication or as to the copy of any printed matter accompanying the photograph(s). I understand that the images may be altered and I waive the right to approve of any finished product. I understand that I do not own the copyright of the photograph(s).

I certify that I am over 18 years of age and that I have the full legal right to execute this agreement.

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN:

**Model's name:** \_\_\_\_\_

**Model agency:** \_\_\_\_\_

**Model's address:** \_\_\_\_\_

\_\_\_\_\_

**Parent/Legal Guardian phone:** \_\_\_\_\_

**Parent/Legal Guardian email:** \_\_\_\_\_

PHOTOGRAPH

**Model's ethnicity:** (Optional) Ethnicity information is requested for descriptive purposes and keyword accuracy only.

Asian ( please circle which applies to you ; Chinese, Indian, Japanese, Korean, Asian - other )  Black  African American  
 Pacific Islander  Caucasian, White  Middle Eastern  Mixed Race  Other (please state)

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Printed Name:** \_\_\_\_\_

**Model's Date of Birth:** \_\_\_\_\_

TO BE COMPLETED BY WITNESS:

**Name of Witness:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

TO BE COMPLETED BY PHOTOGRAPHER:

**Photographer's name:** \_\_\_\_\_

**Photographer's signature:** \_\_\_\_\_

**Shoot date:** \_\_\_\_\_

**Shoot description:** \_\_\_\_\_